

09/675950

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 675950		FILING DATE 9/29/07		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1		1		51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12	1		1		1	1	62				
13		1				1	63				
14		2				1	64				
15		2				1	65				
16		2				1	66				
17		2				1	67				
18		2				1	68				
19		2				1	69				
20		2				1	70				
21		2				1	71				
22		2				1	72				
23		2				1	73				
24		2				1	74				
25		1				1	75				
26	1		1		1		76				
27		1				1	77				
28		2				1	78				
29		2				1	79				
30		2				1	80				
31		2				1	81				
32		2				1	82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		3		4		TOTAL IND.				
TOTAL DEP.	34		32		22		TOTAL DEP.				
TOTAL CLAIMS	47		25		26		TOTAL CLAIMS				

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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